

of Dr. Julius Crane, Santa Ana; Dr. Karl Schwalbe and Ross C. Kilpatrick, Los Angeles; Anthony J. Comstock, Ventura.

Dr. Mary E. Hagadorn read a paper on "Early Diagnosis of Extra Uterine Pregnancy." The paper was a plea for the continual lookout for this condition. Extra uterine pregnancy is no longer considered rare and can be diagnosed before rupture. Women should be educated to put themselves under medical supervision as soon as pregnancy is suspected. Cases with previous pelvic inflammation, irregular bleeding or colicky pains during the first weeks of pregnancy should be carefully examined. Diagnosis can and should be made before rupture. Report of case.

"The Relative Indications for Cesarean Section and Report of Case," Charles D. Lockwood, Pasadena.

Modern aseptic surgery has broadened the indications for Cesarean section. In this case mother had had an injury to thigh when young and for several years had had sennes leading from that region. The result was a deformed pelvis, contraction of the transverse diameter, necessitating a Cesarean section. Indicates the necessity of careful pelvimetry. A brief enumeration of various pelvic deformities and obstetric operations available were given.

Dr. Mattison in discussing Dr. Hagadorn's paper, spoke of the differential diagnosis between appendicitis and ruptured tube. Examine cases early where history of discharge. In speaking of Dr. Lockwood's case, spoke of relative merits of symphysiotomy, early induction of labor and Cesarean section. Craniotomy he considered a thing of the past.

Dr. Bicknell reported an eight months' case ectopic gestation delivered through rectum.

Dr. C. W. Murphy spoke of the control of hemorrhage by means of pressure on ovarian and uterine arteries. The relative merits of catgut and silk as a suturing material for uterus. Believed Cesarean section of value in eclampsia.

Dr. F. C. Shurtleff read a paper on "Fractures Involving the Elbow Joint." Fractures should be treated according to displacement of fragments, and prevention of loss of carrying angle. This in many cases can be best obtained by putting up in extended position—in other cases in right angle or more. Early motion productive of more harm than good. Report of several cases.

Dr. J. T. Stewart of Los Angeles read a paper on "Drainage in Abdominal Surgery."

Dr. LeMoyné Wills read a paper on "Fracture of Neck of the Femur," with report of case and skiagraphs.

Dr. W. W. Beckett of Los Angeles gave an interesting paper on the surgical treatment of floating kidney, detailing, with the use of cuts, the operation as performed by himself. Condemned the use of any mechanical means of support as dangerous and unscientific. Many of the nervous symptoms were allayed by operation and usually great relief from all symptoms was the result.

Dr. Lobingier, in discussing the papers, said: In fractures around the elbow joint certain deformities result, and these deformities will determine the treatment in any given case. The extended position as a usual treatment is not as good as an angle of 90° or 135° in the greater number of cases. The distance the patient falls is no indication of the amount of injury done. Must first determine the amount of separation of fragments and then can judge of the advisability of the extended position. In regard to nephropexy relief is obtained by the operation as a rule. Mechanical applications are unsatisfactory. Several methods were described. A reasonable normal position was what was aimed at.

In abdominal drainage we find less and less fre-

quent cause for its use. Early and correct diagnosis lessens the necessity for it. The rationale is to reach dependent areas. The method that will do that safely and avoid the least adhesions is the best. Fowler's position as spoken of by the author is very good. Infections of upper right quadrant are least favorable; of the pelvis more favorable. In regard to fractured hip the least interference possible gives best result. I am in the habit of using a wire basket splint.

Dr. Pahl—In regard to fracture of elbow the desideratum is to maintain the carrying angle, and this is best obtained in majority of cases by supine extended position and plaster of paris splints.

Papers were also discussed by Drs. Lockwood, Witherbee and others. The discussion was closed by Dr. Wills of Los Angeles. Meeting adjourned.

A banquet was tendered the association by the Redlands Medical Society in the evening. D. C. A. Sanborn of Redlands introduced Dr. Mattison, who acted as toastmaster, and a very pleasant evening ended the thirty-second regular semi-annual meeting of the S. C. M. S.

## OTHER SOCIETY MEETINGS.

### Alameda County.

Meeting called to order at 8:30 P. M., Tuesday, December 8, Dr. Hamlin presiding. Forty-four members were present.

The first paper was read by Dr. F. L. Adams, the subject being "Surgical Treatment of Perineal Lacerations."

He said that Emmet was the first to devise a successful operation for the treatment of this condition, but that the technique of his operation was so misunderstood and imperfectly performed that there was a question in his own mind whether his work had resulted in any ultimate good to humanity. However, his method, or some modification of it, is almost universally used to-day by the best surgeons. He reviewed the anatomy of the perineum, presenting charts showing the relation of the different structures, and classified lacerations into recent and old, open and submucous, complete and incomplete, stating that the submucous tear was very often overlooked by the obstetrician. He thought that very few primiparæ escaped laceration, and it was his practice to exclude them by a thorough examination of the perineum and vaginal walls, using the gloved index or middle finger in the rectum to evert the posterior vaginal wall. Recent lacerations should be repaired at once, chromacized catgut sutures being used, except in cases of exhaustion or extreme loss of blood when the intermediate operation should be done. After explaining in detail the technique of the Emmet operation, describing, by means of charts, the various steps of denudation, placing and tying of sutures, the doctor described a modification of the Emmet operation which he had used successfully and which he thought was especially adapted to cases of long standing in which there is present complete retraction of the muscular and fibrous structures of the pelvic floor, with prolapse of the viscera. In this operation the denudation is similar to that of Emmet, but a deep dissection is made on either side, and the extremities of the torn muscles and fascia found and brought together by means of a buried continuous chromacized catgut suture. The submucous membrane is sutured over the muscle layer with either continuous or interrupted sutures.

The paper created considerable interest and was discussed very freely by many present.

Dr. McCleave called attention to the fact that many perineal tears could be prevented by placing the patient on her side during the second stage of labor. He commented on the operation as done by Dr. Som-

ers, and thought that it was one of the best yet advocated.

Dr. Ewer—I think it is inadvisable to do an immediate repair of a complete laceration, as infection is almost sure to occur and a poor result follow. Better wait and do the intermediate operation under more favorable circumstances.

Dr. Emerson considered it to be impossible in old cases to dissect out the different perineal muscles and suture the structures in layers, as the muscles become atrophied and attenuated.

Dr. Crowley stated that he had seen Dr. Adams do the deep dissection of the perineal structures with success. He thought it advisable to remove all scar tissue before suturing, and considered it to be good practice to stretch the anal sphincter before operating on the perineum, thus overcoming much of the patient's discomfort and lessening tension on the sutures.

Dr. Buteau spoke of the large number of operations that had been done for repair of the perineum and thought that each method had been more successful in the hands of its originator than in the hands of the general surgeon. He emphasized the importance of approximating the torn edges of the fascia, whether the retracted muscle was included or not.

Dr. Porter believed the Emmet operation to be the best yet, it meeting most of the requirements. He would advise repairing all recent tears at once.

Dr. Jeremiah Maher then read a very interesting paper on "Convulsions in Childhood." The doctor's paper was discussed by Drs. Buteau, Von Adelung, Holmes, Stratton, Pond and Rowell.

During executive session a communication was read in which the Alameda County Medical Society was invited to attend the meeting of the Alameda County Dental Association on January 6.

Drs. W. W. Purnell and W. F. Lynch were elected to membership in the society.

A committee consisting of Drs. Buteau, Stafford and Rowell were appointed for the purpose of raising a fund to aid the State Board in prosecuting all practitioners not complying with the State law.

J. M. SHANNON,  
A. S. KELLY,  
Publication Committee.

#### Alumni Association Medical Department University of California.

The Alumni Association of the Medical Department of the University of California held a special meeting on December 1, 1903, Dr. Geo. E. Ebright presiding. The minutes of the last meeting were read and approved.

The report of the executive committee read and placed on file.

Dr. C. M. Cooper presented a case of Addison's disease. The case was discussed by Dr. Montgomery and Dr. Ebright.

Dr. Lissner presented some pathological specimens from a case of ruptured aneurysm of the arch of the aorta.

Dr. R. Bine presented an enlarged spleen from a case of dysentery.

Dr. W. W. Kerr then outlined the story of the Medical Department of the University of California, touching on the obstacles the college has had to surmount in the past as well as in the present and calling attention to the interest taken in the college by some of the members of its faculty, particularly Dr. Beverly Cole.

Dr. H. M. Pond read a paper discussing the difference between the city and country practitioner.

Dr. Hamilton presented some specimens from a case of "pin worm."

The meeting then adjourned.

L. S. SCHMITT, Secretary.

#### California Academy of Medicine.

The regular monthly meeting of the Academy was held in the offices of Dr. Harry M. Sherman on Tuesday evening, December 22, 1903, President D. W. Montgomery in the chair, and twenty-one members present.

Dr. George B. Somers exhibited a large mass of molluscum fibrosum tissue recently dissected from a woman patient who died soon after the operation, the doctor being in doubt as to the direct cause of death, but giving as his opinion that it was probably partly through shock and partly sepsis. Discussion by Drs. Ophüls, MacMonagle and Terry.

Dr. F. B. Carpenter reported a post-operative death following hysterectomy. The patient made a satisfactory recovery from the anesthetic, but three hours afterward her respiration fell rapidly, artificial respiration employed, patient probably died from embolism. Discussion by Drs. Brunn, Kreutzmann and Ophüls.

Dr. H. Morrow being absent, the reading of his paper on "Malignant Syphilis" was postponed.

Dr. H. J. Kreutzmann read a paper on "Laceration of Peritoneum," which was discussed by Drs. Somers, Von Hoffman and MacMonagle.

Dr. Beverley MacMonagle exhibited a dissected perforated appendix and a specimen showing laceration of the vagina. The discussion on operative measures was by Drs. Wadsworth, Tait, Newmark, Brunn, Brown, Ophüls, Gross, Montgomery and MacMonagle.

The election of officers resulted as follows: President, Dr. Thos. W. Huntington (Dr. Montgomery declined renomination); vice-president, Dr. Beverley MacMonagle; secretary, Dr. Louis Kengla; treasurer, H. J. Kreutzmann.

#### Fresno County.

The regular monthly meeting of the society was held at the residence of Dr. T. R. Meux on December 1, the president, Dr. E. J. Couey in the chair and the following members in attendance: Drs. Barr, Hopkins, J. R. Walker, Hayden, Aiken, Hare, Nicholson, Meux, Martin, Manson, Couey, Gebhart, W. T. Maupin, Dunn, Rowell, Trowbridge, Davidson and Cowan.

The minutes of the previous meeting having been read and approved, the following names were presented for membership: C. J. Kjaerbye (University of Copenhagen, 1892); F. C. Galehouse (College of Physicians and Surgeons, San Francisco, 1902); J. N. Moradian (University of Illinois, Chicago, 1900). These names were referred to the board of censors for report at the next meeting.

The board of censors having reported favorably upon the following applicants, they were duly elected to membership: Geo. H. Bland, Clovis (College of Physicians and Surgeons, San Francisco); W. W. Cross, Visalia (St. Louis Medical College, Mo.), and S. C. White, Clovis (Rush Medical College, Ill.).

In the matter of Dr. Gerow of Laton, heretofore given until the December meeting of the board of examiners to obtain a license, a telegram from Dr. Dudley Tait notifying the secretary that Dr. Gerow had failed to present himself for examination, and urging prosecution, was read. The society was informed that Gerow had moved to Reno, Nev., and no action was taken.

Dr. Aiken of the committee of ethics here remarked that there were other physicians practicing in this

county who had not complied with the laws relating to the practice of medicine, inasmuch as they fail to take the required examination and procure the necessary license. It is the intention of the society to prosecute these illegal practitioners and the committee of ethics was instructed to investigate the matter.

It becoming known that the Board of Examiners was without funds to defend itself in the suits brought by Dr. Hodghead and others to have the board ousted, it was unanimously carried that the sum of \$50 be contributed by the Fresno County Medical Society for the purpose of assisting in defraying a part of the expense of defense.

Nominations for officers for the ensuing year being in order, the following names were placed before the society: President, G. A. Hare; first vice-president, J. L. Martin; second vice-president, P. Manson; secretary, Angus B. Cowan; assistant secretary, D. H. Trowbridge; treasurer, T. M. Hayden.

The society now being entitled to two delegates to the legislative branch of the State Society, Dr. Davidson was nominated as the second delegate. Dr. W. T. Maupin holds over.

The paper of the evening was entitled "Continued Fever," and was prepared and read by Dr. T. M. Hayden. The author remarked in opening that this was a very old and indefinite term, and has served to cover a multitude of ignorance, but in the San Joaquin Valley there is a form of fever that is very indefinite in its aspects and obscure in its nature. These cases are seen in the early autumn and have been called "Bilious Remittent Fever." Of course they are bilious, so far as a dirty skin and foul tongue are concerned; so is pneumonia, "and the fever remits." One term is no better than the other. The physician at first tells his patient it is a malarial attack, but in a few days the fever increases and adynamic symptoms appear and he adds the prefix "typho" and says it is a typhoid and malarial poison combined. The author's opinion is that the malarial plasmodium and the typhoid bacillus, while sometimes present in the same patient, do not form the above-mentioned partnership.

The history of these cases as narrated by Dr. Hayden follows: The illness begins quite abruptly, possibly with a chill; there is a marked absence of the prodrome of typhoid; the eyes are lusterless, skin muddy, tongue has a white, closely adherent shiny coat, but little bilious coloring; skin hot; pulse 90 to 95, and temperature 102.5° F; headache, backache and muscular soreness; bowels uncertain. Mercurials followed by quinine fail to break up the fever, and on the third or fourth day you find the fever severely "continuing" and the tongue as white and pasty as before. These fevers last from three weeks to two months, becoming intermittent after ten days to two weeks. The temperature finally reaches a subnormal point some morning, and convalescence is established. Typhoid symptoms are lacking in these fevers and the writer calls the disease the astivo-autumnal form of malarial poisoning. Dr. Hayden advised large doses of quinine during the remission, and if there is not a decided remission, to resort to pilocarpin and force one.

The discussion following the paper was a lively one, the majority of the members present believing these cases typhoid in their nature, the typhoid adherents saying that typical typhoid was a rare thing in this valley; still in the cases described the ulcers were present.

After adjournment those present enjoyed an hour of social converse at the banquet board.

ANGUS B. COWAN, Secretary.

#### Humboldt County.

The regular meeting of the Humboldt County Medical Society was held in Eureka November 10, Dr. Felt presiding.

The fee bill as drafted by the committee was read and adopted by the society and a sufficient number of copies ordered printed.

Clinical cases were reported by Dr. McKibbon of Loleta and Dr. Felt of Eureka.

The paper of the evening was read by Dr. C. W. Mills of Arcata on spinal anesthesia, a copy of which will be sent to the STATE JOURNAL.

Dr. J. L. McLaren, one of the active and successful practitioners of Eureka, left there recently to take up post-graduate work in the East and Europe. On his return he will probably locate in or near San Francisco. Dr. McLaren, during his stay in Humboldt, worked always for the best interest of the profession. He was an active member of the Humboldt County Medical Society and the president and founder of the Sequoia Hospital of Eureka.

The regular meeting of Humboldt County Medical Society was held in Eureka, December 8, Dr. C. O. Falk presiding.

Dr. R. E. McKibbon of Loleta read a paper on Paraplegia.

G. N. DRYSDALE, Secretary.

#### Los Angeles County.

The meeting of November 6 was a very interesting one. The program was, first, paper by Dr. C. L. Magee, "The Care of the Pregnant and Parturient Woman." It was an instructive and well written paper. Second paper, by Dr. N. C. Dunsmoor, "The Care of the Child." This was a very practical paper, full of the modern aseptic theories and up-to-date views in the care of the newborn. Third paper, "The Pathology of Eclampsia," by Dr. E. L. Leonard, giving the latest views of prominent pathological research. Fourth paper, "Eclampsia," by Dr. C. W. Murphy, was devoted to the treatment of this distressing and too often fatal complication of the parturient state.

The program was a very complete symposium on the obstetrical art and science. The discussion was opened by Dr. M. L. Moore and was very thorough, and joined in by many of the members.

Dr. Leon Roth reported a case of Eclampsia.

Dr. George Lasher exhibited a very large sarcomatous tumor of the kidney from a child aged 1 year.

Under new business the secretary read a communication from the Pomona Valley Medical Society in which it was stated that that society had adopted the Constitution and By-Laws of the Los Angeles County Medical Association and had voted to become the Pomona Branch of the County Association. This report was accompanied by a list of 14 members.

Dr. Wm. R. Molony's and Dr. Wm. R. Perry's applications for membership were received.

Drs. A. T. Newcomb and C. B. Nichols were elected to membership.

The attendance was over 60.

The program of November 20 was as follows: 1st, report of and exhibition of specimen of a case of aneurism of the aorta, by Dr. Arthur Godin, discussed by Drs. Lobingier and J. M. King, Lockwood and others. 2d, report of and exhibition of specimen of kidney removed for hematuria pain and pyuria, and which had undergone sarcomatous change, by Dr. A. S. Lobingier. 3d, paper by Dr. C. D. Lockwood, "Nephrectomy for Nephrolithiasis." These papers were discussed by Drs. Wm. Lewis, Wills, Lasher,

King, Beckett and others. 4th, paper by Dr. George Abbott of Pasadena, "Here and There in Medicine and Surgery."

New business. The nominating committee, in lieu of the council (there being none as yet), retired and nominated officers and council for the coming year.

Drs. Wm. Molony, Wm. R. Perry and W. P. Mills-paugh were elected to membership. Four new applications for membership were received.

Dr. Le Moyne Wills moved that \$200 be sent to San Francisco, as this County Medical Association's contribution to the "Medical Defense" fund, to be used in defending suits brought against the Board of Examiners. It was seconded and carried.

The following letter was received:

PASADENA, Cal., Nov. 10, 1903.

To the Los Angeles County Medical Association, Greeting:

At a meeting of the Pasadena Medical Society, held this evening, it was voted unanimously that we adopt the Constitution and By-Laws of the Los Angeles County Medical Association and become the "Pasadena Branch" of the same association. CHAS. D. LOCKWOOD,

J. E. JANES, Secretary. President.

The letter was accompanied by a list of forty members, and was by vote accepted.

C. G. STIVERS, Secretary.

#### Merced County.

The Merced County Medical Society met in the office of Dr. H. N. Rucker, Thursday, December 3, at 8 p. m.

Present—Drs. H. N. Rucker, E. S. O'Brien, W. A. Whitlock, H. De Loss and W. E. Lilley.

New Members Elected—Drs. James L. McClelland, Josephine S. McClelland and Charles F. Wade of Los Banos.

Dr. Rucker took the subject of illegitimate drug business. Taking the ground that the physician injures himself greatly by prescribing so many of the new proprietary preparations, that are using the physicians merely as advertising mediums or stalking-horses to get to the public; encouraging counter prescribing by the druggist, and injurious self-medication by the public.

The discussion developed quite a strong sentiment that the druggists were not using the physicians fairly, and that in self-defence the physicians should do most of their own dispensing.

The meeting adjourned to meet January 7, at the office of Dr. O'Brien.

The society then, at the invitation of Dr. Rucker, betook themselves to a nearby restaurant when oysters, cigars and a few good stories made the evening a very pleasant as well as a profitable one.

W. E. LILLEY, Secretary.

#### Monterey County.

Organized December 9, 1903.

In response to a call from the Board of Trustees, a meeting of Monterey County physicians was held at Salinas, on Wednesday, December 9, to organize a county society. Dr. Philip Mills Jones, who was requested by the Trustees some time ago to continue his work of organization of county societies, attended the meeting to represent the State Society and aid the Monterey men. Drs. Abbott, Brumwell, Craig, Edwards, Gordon, Grimes, Molgaard, Parker, Rankin and Ritchie attended the meeting, and Drs. Cassel, Majors, Stafford, Trimmer and Westfall sent word that they could not attend, but wished to be enrolled as charter members. The meeting was called to order by Dr. Jones, and Dr. Edwards elected temporary chairman.

Dr. Brumwell was elected temporary secretary. Dr. Jones presented and read the standard constitution and by-laws, recommended by the A. M. A. and the Trustees of the State Society, and on motion, the Monterey County Medical Society was organized, and the constitution and by-laws adopted as read. On motion, the first Saturday of each month was made the meeting day, and the hour fixed at 8 P. M. On motion, the charter was declared open for charter members until the expiration of 60 days; after that time the initiation fee will be \$5. The following officers were elected: President, Dr. Thomas C. Edwards; Vice-President, Dr. Adam M. Ritchie; Secretary, Dr. Dorus Brumwell, of King City; Treasurer, Dr. John Parker; Censors (for one, two and three years as named), Drs. Rankin, Parker, and Molgaard. Delegate, Dr. Brumwell; alternate, Dr. Edwards; second alternate, Dr. Grimes. On motion the Secretary was instructed to write to the Secretary of the State Society asking for affiliation. On motion dues of \$2 a year were fixed and dues for 1904 declared payable. On motion, the society decided to meet next month at the Bardin House parlors, Salinas. The society then adjourned.

This is the eighth county society that has been organized through the efforts of the Trustees, or rather, through the work of the editor, at the request of the other members of the Board of Trustees. In every case it has been found that the physicians of the counties were desirous of having county organizations, but doubted the possibility of perfecting and maintaining an organization. When it is seen that county societies are very easily organized, and that the work, if systematically undertaken, is not difficult, the society is soon a *de facto* organization. Nearly all of the regular physicians of Monterey county have at once enrolled themselves as members of this society, and doubtless most of the others will do so before the end of the sixty days limit. The Trustees extend the heartiest greetings to the new society, and wish the physicians of Monterey county every success in their new organization, and in its work. They, as well as all other county society members, should remember that what really does the most good is to meet together, to exchange actual and practical ideas and experiences, and to have a pleasant social gathering. The break in routine work, and the relaxation that comes from it, is worth a great deal more than the average man thinks. Try it and see.

#### Napa County.

The regular meeting was held at Calistoga on December 1, and was well attended and very profitable.

The paper of the evening was read by Dr. M. A. ApLynn of Napa, the subject being "Tuberculosis of the Mammary Gland."

Discussion by members present: Drs. H. L. Parish, W. H. Porter, W. L. Blodgett, C. E. Winslow, E. E. Stone and J. L. Arbogast.

The next meeting will be held in Napa.

J. L. ARBOGAST, Secretary.

**Orange County.**

The Orange County Medical Association met in regular session Tuesday evening, December 1. Dr. R. A. Cushman read a very comprehensive and interesting paper on "Entozoa." The doctor especially brought out the importance of physicians in Southern California being able to recognize the presence of and properly treat the uncinaria. He states that the climate and atmospheric conditions were peculiarly favorable for their propagation.

H. S. GORDON, Secretary.

**Riverside County.**

The Riverside County Medical Society met at the home of Dr. C. S. Dickson on Monday evening, December 14. Present, Drs. Kendall, Parker, Van Zwahlenberg, Outwater, Clarke, Baird, Girdlestone, Martin, Dickson and Roblee. The meeting was opened by the vice-president. The minutes of the previous meeting were read and approved.

The addition to the constitution of Article III, Section 5, proposed at the last meeting, was adopted on a motion made by Dr. Van Zwahlenberg and seconded by Dr. Parker. The addition reads as follows: "All physicians doing lodge practice are hereby declared to be ineligible for membership in this society. This section is not intended to exclude those who examine applicants for membership in lodges at fee-bill rates."

It was moved by Dr. Clarke and seconded by Dr. Baird that a committee of three be appointed by the chair to draw up resolutions approving the cause of the State Board of Examiners in the matter of the attack now being made on our medical law, with full power to act. The chair appointed Drs. Roblee, Parker and Baird to act on this committee.

Dr. Baird then read a paper on "The Role of Animals and Insects in the Spread of Disease." He took yellow fever as the type showing most conclusively how the mosquito carries this disease, and that the fomites are comparatively not dangerous.

Dr. Roblee then read a paper on "The Acid Fast Bacilli." He reviewed the recent studies upon this group, showing how easily they can be confounded with each other and their diagnostic peculiarities. He also reviewed the recent discussions as to their being intercommunicable, especially the various forms of tuberculosis. This was followed by a microscopic demonstration of a number of these germs.

The committee reports the following resolution:

*Resolved*, That the Riverside County Medical Society hereby condemns the attack now being made in the courts upon our present medical laws and extends its hearty support to the State Board of Medical Examiners in the efforts it is making toward the upholding of these laws. And it is further

*Resolved*, That it is the wish of the members of this society that the trustees of the Medical Society of the State of California shall apply such funds as they have in hand to employ counsel and use every means possible in the defense of our present medical laws.

Mrs. Dickson served delicious refreshments. It was voted to accept Dr. Outwater's invitation to meet at his house next month. Meeting adjourned.

W. W. ROBLEE, Secretary.

**Sacramento County.**

The Sacramento Society for Medical Improvement met in regular session at the office of Dr. H. H. Look on November 24. Dr. H. L. Nichols occupied the chair during the first part of the meeting and later Dr. Ross, the president, presided.

The resignation of Dr. J. S. Boyer was received and accepted, Dr. Boyer having left town.

A motion was carried that the physician to read the annual paper at the meeting in March be chosen at the December meeting.

The society then indulged in a free discussion of vaccination and kindred subjects suggested by the present smallpox epidemic.

Dr. J. H. Parkinson said that as physicians we should impress upon the public that quarantine and disinfection are only secondary matters, and that the proper method of dealing with smallpox is by vaccination. We know positively and absolutely that the disease can be prevented by thorough vaccination, that the preventive measure is harmless, and that we should earnestly impress this upon the people.

Dr. G. L. Simmons said that it would be well at this time to impress upon the people the necessity of vaccination, and to emphasize the truth of its preventive influence over smallpox. By demonstrating the fact that persons fully vaccinated were not affected by smallpox, he felt that there would be a universal demand for vaccination.

Dr. J. L. White said that during the past two years there had been from time to time a number of young physicians who had had charge of the pesthouse. They had lived in the building and had been in constant association with the sick, yet none of them had taken the disease, because all had been thoroughly vaccinated. He had been in the habit of ascertaining whether any of the patients admitted to the pesthouse had been vaccinated, and had only found one case, that of a boy of 12, who could show any evidence of having been successfully vaccinated.

Dr. H. N. Nichols said he believed there were very few children in the public schools unvaccinated. He was at present investigating the matter, under instructions from the Board of Health, and would soon have exact figures. Vaccination was the main preventive for smallpox and should be encouraged by every medical man.

Dr. W. E. Briggs believed that we were now suffering from smallpox among the unvaccinated largely on account of the heresies of anti-vaccinationists. It should be prominently brought forward that very few of the cases occurring in the city could show any evidence of vaccination, as this fact would have more weight than anything members of the society might say.

Dr. A. M. Henderson said whenever the society had placed itself on record in matters affecting the general welfare of the community, its opinion had been given due weight. He believed that this matter should be brought to the attention of the public in the same manner as the society's discussion of the subject of water pollution. While the preventive influence of vaccination was well known, it could not be too earnestly impressed upon the public.

Dr. N. K. Foster, Secretary of the State Board of Health, said vaccination is the only sure means of preventing smallpox at our command, and its efficacy in this respect has been proven beyond a doubt. In connection with the present epidemic throughout the State, where he had been he ascertained the facts as to whether the persons affected had been vaccinated, and he could safely say that in 99 per cent of the cases they had not. He agreed with the views of Dr. Parkinson as to the advisability of placing this matter plainly before the public. If every member of this society and physicians generally would exert their influence in strengthening public sentiment, and show conclusively the good effects of vaccination, the people would not object. He was glad to say that in the northern part of the State the anti-vaccination sentiment was not strong. In Southern California, he regretted to say, there was a good deal of opposition to this most necessary measure.

Dr. H. H. Look said that some years ago, when acting as inspector for the State Board of Health, he had occasion to examine a large number of cases from Bakersfield to the Oregon line. Among all these he could not recall a single case, vaccinated within recent years, that had contracted the disease. When we recall the ravages in the past and its enormous mortality, it was difficult to see how any intelligent community could object to the only means by which it has been possible to control the scourge. The profession should engage in missionary work in this direction, so that the public would voluntarily seek vaccination instead of questioning its efficacy.

Dr. J. A. McKee thought that many of the cases occurring in persons said to have been vaccinated were due to the old form of vaccination certificates, where it was customary to vaccinate a child and at the same time issue a certificate of vaccination. There was, of course, no evidence of protection. He knew of instances where, after smallpox had appeared in a family and the remainder of the household had been vaccinated, there had been no further cases.

Dr. F. L. Atkinson said he thought this is the method we should pursue in getting the subject before the people. Everyone knows from the history of the disease that vaccination is the only rational method of stamping it out. I am on record in this regard in the society. I was

on the School Board when this question of vaccination was brought up and I did my best to bring it to a successful issue.

Dr. Thomas Ross said that if there is anything proven beyond a doubt in medicine, it is the protective influence of successful vaccination against smallpox. "I think the publication of this discussion will have a very beneficial effect. Fumigation and disinfection are all right, but it is like locking the stable after the horse has been stolen."

Dr. J. E. Poore stated that in India the Hindoos as a rule were not vaccinated, whereas the British soldiers stationed in that country are systematically protected. During an epidemic he had observed the Hindoos died in large numbers, whereas the mortality among the white troops was insignificant.

Dr. G. L. Simmons said: "I would like to add a word in regard to our former vaccinations, which is a very important matter. As Dr. McKee has said, many of our children were vaccinated under the old rule and given a certificate at the same time. Many of these people think themselves protected because they have been subjected to the introduction of the virus, when, as a matter of fact, they are not protected at all. The only way to reach this matter would be by a thorough inspection of supposedly vaccinated persons."

Dr. W. J. Hanna said that while in the Philippines he had charge of several divisions of the troops as a medical officer, and that the orders were that all soldiers should be properly vaccinated. In Cavite, where such precautions were not taken, smallpox existed to a large extent, but in the army there was hardly a case. He believed careful precautions should be taken in vaccinating, so that no complications should arise that could be prevented, and in this manner the people would favor vaccination rather than antagonize it.

The paper of the evening was read by Dr. H. H. Look on "Catarrhal Deafness," and the discussion was opened by Drs. Poore and Strader. The meeting then adjourned.

J. W. JAMES, Secretary.

#### San Diego County.

The regular monthly meeting of the San Diego County Medical Society was held December 4, President Dr. Fred Baker in the chair.

The application of Dr. Robert Armstrong to become a member of the society was reported on favorably and he was unanimously elected to membership.

Dr. Wm. M. Cummings was elected delegate to represent the society in the American Congress on Tuberculosis at the session in Washington, D. C., April, 1905.

The paper of the evening was read by Dr. H. N. Goff, his subject being "Elimination."

The doctor commenced by stating that there are four channels through which elimination from the system is carried on, viz., the skin, the lungs, the kidneys and the digestive tract.

The principal function of the skin in elimination is the sweat, which is divided into insensible and sensible, owing to the amount. The precise chemical composition of the sweat is difficult to determine. Normally it is a very thin secretion of low specific gravity and alkaline in reduction, the layer part of the inorganic salts consists of sodium chlorid, together with small quantities of the alkaline sulphates and phosphates.

The skin is largely concerned in regulating the temperature of the body and in this connection the Doctor spoke of the effects of covering the surface with a coating of varnish.

When the skin of a warm-blooded animal is covered with an impermeable coating of varnish death occurs after a time, probably due to the loss of too much heat. Strong animals live longer than feeble ones. Life may be prolonged by the application of artificial heat. When the entire surface of a rabbit is varnished, the temperature falls rapidly and it soon dies.

The doctor then spoke of the lungs as eliminating organs, first giving a brief outline of their anatomy, following this by a statement of the amount of oxygen absorbed and of carbon dioxid given off at each respiration; also the effects of the presence of carbon

dioxid in various proportions in the atmosphere inhaled.

Following the reading and discussion of the Doctor's paper he exhibited two very interesting skiagraphs, one showing a transverse fracture of the radius and ulna in a 5-year-old child, and the other locating a needle in the hand.

THOS. L. MAGEE, Secretary.

#### San Francisco County.

Meeting December 8, 1903, called to order at 8:40 p. m., President Rosenstirn in the chair.

Propositions for membership: Drs. Emma Buckley, Arthur Weis, William Condroy, Ostroilo Kuchich, Walter Schaller, Thomas G. Inman, Wm. H. Crothers, Lolita B. Day, Geo. D. Culver, B. F. McElroy, Edw. Sewell, Geo. Blumer, A. B. McConnell, A. E. Garceau, C. B. Munger.

The Committee on Admissions reported favorably on the following: Drs. F. Wyld, J. V. Hughes, F. P. Gray, R. R. Bullock, E. L. Perrault, J. F. Presley, Martha G. Thornwick, A. F. Maife, A. W. Hewlett, C. A. Morris, B. F. Alden.

The following papers were presented: "Presentation of Cases Representing Types of Splenic Enlargement," by Drs. H. C. Moffitt and P. K. Brown.

#### DISCUSSION.

Dr. Moffitt—In the cases shown by Dr. Brown, I am unable to rule out congenital lues. The fact of one man getting better and remembering the large number of such cases that have been found associated with congenital lues demand at least the therapeutic test of antiluetic treatment before one can definitely decide.

"Demonstration of Congenital Defect of Pectoralis Major and Minor With Other Deformities and Demonstration of Case of Cerebro Spinal Meningitis Luetica," by Dr. E. O. Jellinek.

#### DISCUSSION.

Dr. Terry—It seems that the clavicular portion of the pectoralis major is not missing and that in this manner the function of the arm may be accounted for.

Dr. Grosse—A similar case was recently shown at the Berlin Dermatological Society where particular stress was laid upon the fact of hypertrophy of the deltoid in these cases and a consequent compensatory action of this muscle.

"Presentation of Case of Recurrent Sarcoma," Dr. T. W. Huntington.

"Some Considerations Relative to Stomach Surgery," Dr. T. W. Huntington.

#### DISCUSSION.

Dr. Barbat—These facts have for some time been recognized in Europe, but it seems we are always a few years behind. The surgeon is, of course, the only one who will recommend exploratory incision, for the reason that cases which come to the surgeon, especially from the internist, have passed through the diagnostic gamut and by that time have a tumor which the surgeon is called upon to relieve. Men who have had much experience begin to realize that if they expect a cure they must refer the patient to the surgeon in time. I do not believe that if a diagnostic incision is properly made and sewed that it does the individual any damage.

Dr. Perry—I believe it is a recognized fact among internists that where any disease of the stomach has been in existence for many months it needs mechanical treatment. Drugs are of little use.

Dr. Moffitt—I think it a mistake to state that an exploratory incision is a small matter. It may be to the surgeon and the hospital, but never to the family. A simple incision is very dangerous at times, and I



have recently seen death both from chloroform and ether as well as infection. I have seen several incisions made for cancer where only gall stones were found. The man who would incise too early, before a diagnosis has been made, certainly puts medicine behind. The internist, if careful, will be able to cure most cases of gastric ulcer. In doubtful cases the internist is usually the first to call the surgeon.

*Dr. Rixford*—I would second what Dr. Moffitt has said. There is no question, I believe, among the more conscientious and up-to-date internists that cases which may be carcinoma of the stomach should be submitted to exploratory incision without waiting beyond a reasonable time. Personally I have had some little experience in making exploratory incisions, and I admit that they are not all that they should be, but I do not recall a case in which the exploration was followed by such serious consequences as cited by Dr. Moffitt. A small incision an inch or so long as has been indicated is less harmful to the patient than a longer one, but it gives much less satisfactory information. To sum up the matter, I think that surgeons simply have to leave the question to the internists. The more conscientious of the internists will realize the value of surgical exploration for diagnostic purposes in such doubtful cases.

*Dr. McDonald*—I believe what Dr. Huntington has said is true. I certainly think that incision should be made earlier. I have opened several stomachs where I have found cancer involving both stomach and transverse colon, with very little to be felt outside.

*Dr. Kreutzmann*—I think that the points taken by Drs. Huntington and Barbat should be known among the profession. An incision looked upon from the standpoint of the surgeon is nothing more than an extension of the examination.

*Dr. Tait*—In answer to those speakers who have said that an abdominal incision is not a dangerous thing, I think I may safely say that five or eight out of ten exploratory incisions are followed by adhesions. Those who have had occasion to reopen the abdomen after simple incision have probably noticed this. I do not think it good surgery to minimize the danger of any surgical operation.

*Dr. MacMonagle*—It is not right that it should go forth from this society that an exploratory incision is not a matter of extreme gravity. We assume that we have a patient who has an illness that is a grave one. Surgery of any kind that opens into the cavities of the body should be surrounded by the greatest care. An abdominal incision is purely a matter of gaining information that both surgeons and internists may learn. A large amount of information that has been gained in these cases has been gained by the surgeon. As soon as there is a question of doubt and medicinal remedies do not react, then we are justified in making an exploratory incision.

*Dr. Huntington*—I have said many times that no operation in surgery is trivial to the patient, the patient's friends or the surgeon. There is no one who leans more heavily on the internist than I do. There is no man who more fully appreciates the best work that has been done. I think that the work of the surgeon sinks into oblivion when compared with the work of the internist. I still maintain that the internist may come to us now and then and get advice that he can get nowhere else, and can save a life now and then, and can do it through an exploratory incision made at the proper time and in the proper manner.

"Demonstration of An Instrument for Showing the Respiratory Movement During Narcosis," by Dr. D. A. Stapler.

On motion of Dr. Philip Mills Jones, the trustees were directed to pay to the Medical Society of the

State of California the sum of \$300 for the fund being raised to defend the State medical law and the Board of Examiners in suits directed against them. Passed unanimously.

On motion of Dr. Terry, the sum of \$2,000 was appropriated for the use of the Library Committee in completing files and to cover purchase of additional books.

On motion of Dr. Grosse, this society voted unanimously to endorse the resolutions recently passed by the Santa Clara County Medical Society with reference to attacks on the State medical law.

#### San Francisco Society of Eye, Ear, Nose and Throat Surgeons.

The monthly meeting of the Society was held on October 15, 1903. The president, Dr. Louis C. Deane, in the chair.

*Dr. John C. Sundberg* spoke of his experience in the Orient with various forms of eye disease.

*Dr. Pischel* presented a case of "Fibroma of the Nose and Nasal Pharynx" which completely occluded those orifices. He will report more fully at a future meeting after operating. He wished to know what the experiences of the members are in removing such growths.

*Dr. Phillips* removed a postnasal growth twice in a boy 16 years old, and though it returned the third time, it subsequently showed signs of atrophy without treatment. He wished to know if Dr. Pischel's case presented any signs of rapid growth or pressure.

*Dr. Eaton*—I have had some experience with these tumors, and have tried every way of removing them. After snaring off the mass of the growth with the hot and cold snare, or both, I have depended mainly upon galvano-cautery to destroy the base. Using an electrode of my own construction, I pass it into the fossa, and pass the forefinger of the other hand above the palate until it meets the electrode in the fossa, and then close the circuit with my foot. Electrolysis is most useful when there is a tendency to hemorrhage. It is not wise to lose sight of the patient for more than six months, until the growth is entirely destroyed.

*Dr. Franklin* suggested the method of E. Fletcher Ingals as most practical in the removal of these growths.

*Dr. F. B. Eaton* demonstrated the substance of a paper on "Some Forms of Irregular Astigmatism; Their Detection and Correction." He showed how with a common school slate, having a series of concentric circles divided by a protractor into every ten degrees, the equivalent of any two cylinders with their axes not at right angles, could be quickly and accurately determined. The method is notably a practical one, and when testing under a strong cycloplegic, two lines on the astigmatic chart at right angles are neutralized, and a third is then found blurred, the cylinder which clears it enters into the above slate method with the first cylinder.

*Dr. Martin* presented a patient (shown at the Society two years since) with traumatic cataract, caused by a sharp leadpencil perforating the lens. A peculiarity of the case was that the cortical matter of the lens became entirely clear while there was left a posterior capsular cataract; as this was persistent for a period of six months and vision was reduced to perception of light in that eye, Dr. Martin needled the lens a number of times and finally opened the bulb with a keratome and removed the opaque capsular membrane with capsule forceps. At present the boy with proper correction has 20/30 vision.

*Dr. Kaspar Pischel* presented a case of "Atrophy of the Optic Nerve With Peculiar History." Cornelius

J. B., age 41 years, was seen by me July 2, 1903. He had been treated by his physician for about four months with sublimate iodid mixture internally for ulcers in his nose of syph. nature. A few years previous he had fallen on his nose, which is, since then, crooked. For last two months noticed a decrease in sight. Two weeks ago left eye became suddenly blind, eight days ago had to stop work as a carpenter, three days ago became suddenly totally blind. St. pr. Sickening stench from nose. After removal of a large loose necrotic bone, septum showed in center perforation about one inch in diameter, the border covered with granulations. Amaurosis, pupils 6 mm. not reacting. Right eye disc slightly gray. Left eye disc hazy, streaky hemorrhages inward. In spite of strong specific treatment amaurosis remained unchanged and now we see ophthalmoscopically a clear picture of atrophy of optic nerve. I have given the patient intravenous injections of cyanide of mercury, one centigram, and even two, a day.

*Dr. Brady*—May I ask Dr. Pischel the field of vision in his case? I am, at present, treating a patient with a very large central scotoma and marked peripheral contraction. Both discs very hazy, somewhat swollen and pale grayish pink. V. R. & L.=6/200. He gave a history of eating sulphur used for bleaching dried peaches, also of exposure to cold with resultant facial neuralgia. Everything appeared of a bright yellow color. When under observation for three weeks, macular syphilides appeared on forehead and vertex, accompanied by mucous plaques on the mucous surface of the lips. After mercurial remedied V. R. & L.=20/40. Dr. Brady also spoke on salivary calculi.

Salivary calculi are composed mainly of the phosphates of calcium and magnesium, with a small amount of organic matter. Under the tip of the tongue small concretions are most frequent. A tenable hypothesis for their frequent appearance in the ducts of Wharton and Bartholin is the greater viscosity of the secretion of the submaxillary and sublingual salivary glands compared to the more watery secretion of the parotid. The use of acid, pungent or saccharine articles of food usually produced disagreeable symptoms.

The first patient suffered with sub-acute tonsillitis and with enlarged and tender submaxillary lymph nodes. I probed the ducts but failed to locate any obstruction. The patient complained still of a prickling feeling under the tip of the tongue. Following instructions, she ate pickles at breakfast and presented herself two hours later with a marked swelling under the angle of the jaw on the right side. Probing detected a mobile round body 4 mm. from the orifice. Splitting the duct with a canaliculus knife an ovoid concretion dropped out of a small lateral diverticulum. This had acted as a bail valve, giving trouble only in case of sudden increased secretion. The second specimen was larger, fixed inside the duct near the orifice, easily detected and readily removed. Later a man consulted me for a sticking sensation on the right side of the frenum of the tongue. Passing a fine forceps into the duct I extracted a small piece of a bristle from a tooth brush encrusted with salivary deposit. The bristle served as a nucleus and, if left, would have developed into a larger sized concretion.

*Dr. Deane* showed a calculus that he had removed from Wharton's duct. There was great swelling of the submaxillary gland and the calculus was removed by splitting up the duct the shape of which it had assumed. It was two and a half centimeters long.

*Dr. Frederick*—Some months ago a man 52 years old consulted me for a swelling on the left side of the neck. The region was that of the left submaxillary gland, and the swelling and hardness were such that a malignant growth was thought of, especially as the

patient was rather cachectic looking. He gave a history of gradual onset, slow growth and considerable pain in the tumor and the left tonsil. Some pus was seen coming from a small opening in the floor of the mouth in front of the anterior pillar. An incision at this point gave vent to a small amount of pus and the probe came upon a hard mass, which proved to be the calculus which I here show you. You will see, by comparing it with the two just shown you and those you have yourself seen, that this concretion is of unusual size. It is 15 mm. long, 10 mm. wide, and weighs 20 grains. After removing the calculus the swelling subsided in about a week, and the pain disappeared. Some induration of the surrounding tissue was still present when the patient returned to his home in the country, and as I have not heard from him since, I suppose he is doing well.

*Dr. Eaton* described a case of calculus of Wharton's duct. The patient, a man of about 30, came to him complaining of pain under the right side of the tongue. On examination, Wharton's duct was seen projecting forward like a quill, and was red and inflamed. A whitish body was seen, and on dislodging this, which proved to be a calculus the size of a pea, the saliva spurted in a stream from the mouth for about two feet.

*Dr. Brady* showed a specimen of cyclocephalus in a full-term calf, showing a perfect median solitary globe with no sign of a proboscis or median furrow above, as a remnant of the nose. There was also an arrested development of the naso-pharynx. A single optic nerve piercing a median optic foramen leads back to what appears to be a fusion of the thalamus and anterior corpora quadrigemina on the left side. There is marked aplasia of the brain. The medulla, pons and cerebellum together with the corpora quadrigemina occupy about 1/3 of the cranial cavity. Nothing was found of the cerebral hemispheres, the remaining 2/3 being occupied by a hydrocephalic sac, its walls being formed by the dura. The monster was born alive, but killed by the owner two hours after birth.

#### San Joaquin County.

The regular meeting of the San Joaquin County Medical Society was held in the offices of Dr. W. M. S. Beede in the Hale building, Stockton, on the evening of November 27, and was well attended. Dr. B. F. Ray presided and Dr. Barton J. Powell acted as secretary. Dr. W. M. S. Beede read a paper entitled "Medical Nomenclature" wherein he called attention to the necessity of accuracy in the designation of medical terms, especially in the matter of registration of births and deaths.

Dr. H. W. Taggart addressed the gathering upon the subject of "Psychical Suggestions in Medicine." Both subjects were thoroughly discussed with great evidence of enthusiastic interest. After the serious work of the session was completed the members were entertained at supper by Mrs. Beede, assisted by Mrs. Taggart. It was one of the most interesting and enjoyable sessions the San Joaquin Medical Society has ever held.

BARTON J. POWELL, Acting Secretary.

#### Santa Clara County.

At the stated meeting of the society held December 16, the attendance was unusually large. Those present were entertained by two very interesting papers; the first by Dr. L. V. Saph, in which he recited a clinical case of purpura hemorrhagica to which he had recently been called in consultation. The other by Dr. G. F. Witter, whose subject was "Local Anesthesia,"



illustrated by drawings and practical demonstrations of cocaine injections in the presence of the audience. Both papers were well received and freely discussed.  
J. LAMBERT ASAY, Secretary.

#### Santa Cruz County.

Organized December 22, 1903.

In response to a call sent out by the organizer appointed by the Board of Trustees, the following physicians of Santa Cruz County met at the St. George Hotel, Santa Cruz, at 8 p. m. on the 22d of December, and organized the Santa Cruz County Medical Society, and by motion requested affiliation with the State Society: Drs. Bush, Christal, McGuire, Hedgpath, Pope, Phillips, Priestley, Vaux and Watters. Those who could not attend the meeting, but had asked to be enrolled as charter members, were Drs. Anderson, Beebe, Bellamy, Burbank, Clark, Congdon, Green, Keck, Knight, Emma Pope and Rodgers. The meeting was called to order by Dr. Philip Mills Jones, trustee of the State Society, and Dr. Vaux elected chairman and Dr. Pope secretary. Dr. Jones then explained the purposes and method of organization, and read the constitution and by-laws recommended by the A. M. A., and the trustees of the State Society. On motion, it was decided to organize the County Society by adopting the constitution and by-laws as read. On motion, the chairman appointed a nominating committee of three who retired and prepared nominations for officers for the ensuing year. The committee then reported, and on motion the secretary was instructed to cast the ballot of the society for the nominees, as follows: President, Dr. Exeter P. Vaux; vice-president, Dr. Spencer C. Rodgers; secretary, Dr. Saxton T. Pope; treasurer, Dr. Ira C. Bush; delegate, Dr. S. T. Pope; alternate, Dr. W. R. Congdon; censors, for one, two and three years, as given, Drs. Phillips, Christal and McGuire. On motion, the secretary was instructed to write to the secretary of the State Society, asking that the Santa Cruz County Medical Society be accepted in affiliation with the State Society. On motion, the next meeting place was set for Santa Cruz, the first Monday in March. On motion, the society decided to meet the first Monday in the months of December, March, June and September. On motion, the roster for charter members was left open until the next meeting, in March, and the secretary was instructed to notify all eligible physicians in the county of the organization, time and place of next meeting, and invite those who have not joined to do so. The society then adjourned.

There is a spirit of rivalry—sometimes perhaps of jealousy—existing between the physicians of Santa Cruz and Watsonville, two fine cities not very far apart. Now is the opportunity to make this spirit of rivalry of some real practical value. Let the physicians of these two communities strive to see which can produce the better showing in membership, in loyalty to the profession which they all serve, and in the upbuilding of their county society. Let all strive, not for the aggrandizement of either community, for both are good places to be "at," but for the improvement and the strengthening of the profession of medicine in Santa Cruz County, and for a good, solid, friendly and valuable County Medical Society, where all may meet on common friendly ground, and where all differences of opinion may be thrashed out and

settled. The Board of Trustees wishes you every possible good wish in your county organization, and not only a happy and prosperous New Year, but a never ending succession of them, each more prosperous than the one that has gone before it.

#### Sonoma County.

This county society is making brilliant progress and fully recognizes the importance and advantages of organization and affiliation. The following notice sent out by the efficient secretary, Dr. Mallory, for the meeting here reported is a model.—Ed. JOURNAL:

#### SONOMA COUNTY MEDICAL SOCIETY—FORTY MEMBERS.

Dear Doctor—Don't forget our annual meeting on Thursday, December 10, at 8 p. m., Eagles' Hall, Santa Rosa, Cal. Fine paper and discussions of the same. Election of officers and committees.

The 10th is the last day that the roster will be open. If you can't come send your name before or at that time, and you will be a charter member, Sonoma County Medical Society, member of State Society; in line for American Medical Association, receive OFFICIAL REGISTER OF PHYSICIANS AND SURGEONS OF STATE OF CALIFORNIA, which is just out (we have received a copy for each member that belonged to the Society in October), will receive a STATE MEDICAL JOURNAL, all for \$2.00, which pays for 1904. But the 10th inst., next Thursday, is the last day for charter members; then the price is \$5.00, which includes dues. The Official Register of Physicians and Surgeons of California alone to non-members will cost \$2.25, besides your membership in State Society and STATE MEDICAL JOURNAL. (Every doctor in California should take this scientific journal.) Now, Doctor, we want you to send in your name and yourself be present on Thursday evening, December 10. Fraternally,  
G. W. MALLORY, M. D., Secretary.

The Sonoma County Medical Society met in Eagles' Hall on December 10, at 8 p. m., M. M. Shearer, M. D., presiding.

After reading of minutes and communications, Dr. R. A. Forrest of Occidental was introduced. His paper, entitled "The Emotions in Relation to Disease," was instructive and valuable to our profession, as the writer showed a deep insight into the hidden or real self. All physicians would be benefited to hear the paper. This was followed by a discussion by Dr. Stratton of Healdsburg. Dr. Stratton ably discussed the mind over body, etc.

Dr. Stuart gave many valuable hints in a ten-minute talk on the subject, saying that emotions are not always detrimental to patient, saying that school teaching should embody psychology.

Dr. Henslee took up the discussion, but owing to the election of officers the general discussion was postponed to the meeting January 14, 1904, in same hall.

The following officers were elected to serve for the ensuing year:

J. W. Jesse, M. D., Santa Rosa, president; George Ivancovich, M. D., Petaluma, vice-president; G. W. Mallory, M. D. Santa Rosa, secretary; J. H. McLeod, M. D., Santa Rosa, treasurer. Censors—A. McG. Stuart, M. D., one year; J. W. Sewall, M. D., two years; M. M. Shearer, M. D., three years. Delegates—George Ivancovich, M. D.; E. M. Yates, M. D. Alternates—R. M. Bonar, M. D.; W. A. Barmore, M. D. President Jesse appointed Drs. A. M. Thomson of Sonoma, Smith McMullin of Petaluma and J. W. Kerr of Sebastopol the Committee on Public Health and Legislation.

Santa Rosa was chosen as the permanent meeting place with option to meet at other localities during the year if thought advisable.

The following named have been added to the roster since November meeting: Drs. Edward Gray, Eldridge; S. M. Rohr, Santa Rosa; J. R. Nott, Lakeport; George F. Wells, Boonville; R. E. Boone, Santa Rosa; H. O. Brink, Lakeport and E. G. Bennett, Petaluma.

The meeting adjourned at a late hour.

G. W. MALLORY, Secretary.